Please type a plus sign (+) inside this box	+
---	---

PTO/SB/81 (02-01 MODIFIED

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

ASSOCIATE POWER OF ATTORNEY

Application Number	
Filing Date	Herewith
First Named Inventor	Hsu
Title	Hybrid-Secondary Uncluttered Pe
Group Art Unit	
Examiner Name	
Attorney Docket Number	920976.00007

I hereby appoi	nt:									7
✔ Practition	ers at 0	Customer Numb	er 26710		_					
C OR							L Place Cu	stomer	Bar Code La	 abel here
Practitione	er(s) na	med below:								
		Name			_	Regist	ration N	lumbe	r	
				•	+					
					+					
l										
		•			٠					
as my/our attorn								trans	act all	
business in the U										
Please change th		•		bove-iden	tified a	pplicatio	n to:			
The above-r	mention	ned Customer N	lumber.				D/ 0		_	
	s at Cus	stomer Number					Place C Number			
OR	o at Oat	nomer Hamber			J	, r	I abel be	ere		
Firm or										
Individual Na	me		 							
Address Address										
City					State			Zip		
Country					Olate 1			<u> </u>		
Telephone					Fax					
I am the:								,		
✓ Attorney	or Ager	nt of Record								
Assignee	of reco	ord of the entire	interest. See	37 CFR 3.	71.					
Statemen	t under	37 CFR 3.73(b) is enclosed.	(Form PT	O/SB/	96).				
		SIGNATURI	E of Applicant	or Assign	ee of F	Record				
Name	Kirk A.	Wilson								
Signature	K	ik a	Wiles							
Date	<u> </u>	16/0	3							
NOTE: Signatures of all forms if more than one s	the inver	fors or assignees o	of record of the er	ntire interest	or their	representa	itive(s) ar	re requi	red. Submit	nultiple
*Total of 1		ms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No.

Express Mail Label No.

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number		
Filing Date	Herewith	
First Named Inventor	Hsu	
Title		
Art Unit		
Examiner Name		
Attorney Docket Number	920976 00007	

I hereby appoint:				 		
тпетеру арропп.			\neg			
Practitioners at Customer Number:	24298					
OR	<u> </u>					
Practitioner(s) named below:	·					
Name		·	Registration	Number		7
					, 	┥
						7
]
as my/our attorney(s) or agent(s) to prosecu Trademark Office connected therewith.	te the application identified above,	and to trans	sact all business	in the United S	States Patent a	and
Please recognize or change the corresponde	ance address for the above identifi	ed applicati	on to:			
		ea applicati	on to.			
The above-mentioned Customer N	umber:					
OR						
The address associated with Custo	omer Number:					
OR	L					
Firm or Individual Name						
Address	····					
Address	·	-				
City		State		Zip		
Country		II				
Telephone		Fax				
I am the:						
Applicant/inventor.						-
Assignee of record of the entire into Statement under 37 CFR 3.73(b) is	erest. See 37 CFR 3.71. enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant or As	signee of F	Record			
Name Joha S. Hsu						
Signature	SIHOU					
Date	-6-03		Telephone	865-	946-	132(
NOTE: Signatures of all the inventors or assignees forms if more than one signature is required, see b	of record of the entire interest or their pelow*.	representative	e(s) are required. S	ubmit multiple	•	
*Total of1 forms are su	bmitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION FOR UTILITY OR

DESIGN

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Att rney D cket Number

First Named Inventor

920976.00007

Hsu

PATENT APPL	CC	COMPLETE IF KNOWN				
(37 CFR 1	1.63)	Application Nun	nber			
Declaration	Declaration	Filing Date	Herewi	th		
Submitted OR with Initial	Submitted after Initia Filing (surcharge	Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name)	
I hereby declare that:			···			
Each inventor's residence, mailing	address, and citizenship	are as stated below ne	xt to their name.			
I believe the inventor(s) named be patent is sought on the invention e		I first inventor(s) of the s	subject matter wh	nich is claimed and for which	ha	
	•		•			
•						
	HYBRID-SECON RMANENT MAGNE	DARY UNCLUTTE			ı	
		i water mae 7 mae	WETTOD			
					ı	
<u> </u>	(Title of th	e Invention)				
the specification of which					i	
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United St	ates Application I	Number or PCT Internation	al	
Application Number	and was ar	mended on (MM/DD/YY	YY)	(if applic	cable).	
I hereby state that I have reviewed amended by any amendment spec			ified specification	, including the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority ben- or plant breeder's rights certificate	e(s), or 365(a) of any P(CT international applica	tion which desig	nated at least one country	/ other	
than the United States of Americ patent, inventor's or plant breeder application on which priority is claim	a, listed below and have 's rights certificate(s), or	also identified below,	by checking the	box, any foreign applicati	ion for	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach YES NO	red?	
					İ	
Additional foreign application			ta sheet PTO/SB	/02B attached hereto:		
		[Page 1 of 2]				

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Nu	imber 2	6710		OR	Correspondence address below
Name						
Address					····	
Address						
City				State		ZIP
Country		Telephone	ie	-		Fax
I hereby declare that all statements may are believed to be true; and further that made are punishable by fine or impriso validity of the application or any patent is	at these state onment, or bo	ements wer oth, under 1	ere made wit	ith the kno	nowledge that willfu	ful false statements and the like so
NAME OF SOLE OR FIRST INV	/ENTOR :			A petition	on has been fil	ed for this unsigned inventor
Given Name John S. (first and middle [if any])				Family N	Name Hsu ame	
Inventor's Signature	Inventor's C Hand					
Residence: City Dak Ridge			State TN		USA Country	Citizenship USA
Mailing Address 105 Edinboro Ln., Apt. B-20 139 Marietta Circle						
Mailing Address				- ·		
City Oak Ridge	TN State			ZIP 37	7830	Country USA
NAME OF SECOND INVENTOR				A petiti	on has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Family Name or Sumame						
Inventor's Signature						
Residence: City			State		Country	Citizenship
Mailing Address						
Mailing Address						
City	State			ZIP		Country
Additional inventors are being named	1 on the	sunnieme	ntal sheet/s	a) PTO/SE	B/02A or 02LR atta	ached hereto